

CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

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| 1. CIR./DIST./DIV. CODE VAE | | 2. PERSON REPRESENTED CERRITOS, DOUGLAS | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 1:14-000306-007 | | 5. APPEALS DKT./DEF. NUMBER | |
| 6. OTHER DKT. NUMBER | | 7. IN CASE/MATTER OF (Case Name) US v. CERRITOS | | 8. TYPE PERSON REPRESENTED Adult Defendant | |
| 9. REPRESENTATION TYPE Federal Capital Prosecution | | 10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1959-7471.F -- RACKETEERING ACTIVITY - MURDER/KIDNAPPING | | | |
| 11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS CRAWLEY, DWIGHT EVERETTE Suite 900 601 Pennsylvania Ave. NW South Building Washington DC 20004 Telephone Number: (202) 580-9794 | | 12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, full and prompt payment of compensation and expenses are approved pursuant to the attached order. Signature of Presiding Judicial Officer or By Order of the Court 10/20/2014 Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) | | | | | |
| CLAIM FOR SERVICES AND EXPENSES | | | | | |
| 14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding. | | | | | |
| CAPITAL PROSECUTION | | HABEAS CORPUS | | OTHER PROCEEDING | |
| a. <input type="checkbox"/> Pre-Trial | c. <input type="checkbox"/> Appeal | g. <input type="checkbox"/> Habeas Petition | k. <input type="checkbox"/> Petition for the U.S. Supreme Court | i. <input type="checkbox"/> Stay of Execution | o. <input type="checkbox"/> Other (specify) |
| b. <input type="checkbox"/> Trial | f. <input type="checkbox"/> Petition for the U.S. Supreme Court | h. <input type="checkbox"/> Evidentiary Hearing | l. <input type="checkbox"/> Writ of Certiorari | m. <input type="checkbox"/> Appeal of Denial of Stay | n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay |
| c. <input type="checkbox"/> Sentencing | d. <input type="checkbox"/> Other Post Trial | e. <input type="checkbox"/> Writ of Certiorari | f. <input type="checkbox"/> Appeal | g. <input type="checkbox"/> State Court Appearance | p. <input type="checkbox"/> Clemency |
| HOURS AND COMPENSATION CLAIMED | | | | | |
| 15. CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT |
| a. In-Court Hearings (Rate per Hour = \$) | | | | | IN COURT TOTAL (Category a) |
| b. Interviews and Conferences with Client | | | | | OUT OF COURT TOTAL (Categories b - j) |
| c. Witness Interviews | | | | | |
| d. Consultation with Investigators and Experts | | | | | |
| e. Obtaining and Reviewing the Court Record | | | | | |
| f. Obtaining and Reviewing Documents and Evidence | | | | | |
| g. Consulting with Expert Counsel | | | | | OUT OF COURT TOTAL (Categories b - j) |
| h. Legal Research and Writing | | | | | |
| i. Travel | | | | | |
| j. Other (Specify on additional sheets) | | | | | |
| Totals: Categories b thru j (Rate per hour = \$) | | | | | |
| CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates) | | | | | |
| 16. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 17. Other Expenses (other than expert, transcripts, etc.) | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | |
| 18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO | | | 19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 20. CASE DISPOSITION |
| 21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____ | | | | | |
| APPROVED FOR PAYMENT -- COURT USE ONLY | | | | | |
| 22. IN COURT COMP. | 23. OUT OF COURT COMP. | 24. TRAVEL EXPENSES | 25. OTHER EXPENSES | 26. TOTAL AMT. APPROVED | |
| 27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 27a. JUDGE CODE | |